Recipient Committee Type or print in ink	COVER PAGE - LONG FORM				
Campaign Statement — Long Form (Government Code Sections 84200-84216.5)	Statement covers period	Patestamp	\$200 TO THE SECOND	420	
SEE INSTRUCTIONS ON REVERSE	through 12-31-98	99 PER -1 PM	11:37	. 4	
Check one of the following boxes to Indicate the type of statement being filed:	Date of election if applicable: (Month, Day, Year)	Ada Vall	Page	al Use Only	
Pre-election Statement Special Odd-year Campaign Report Supplemental Pre-election Statement (Attach a completed Form 495 to this Statement.) Termination Statement (Attach a completed Form 415 to this statement.)	(Month, Day, Year)	CHY CLER CHY OF LO			
I Committee Information NAME OF COMMITTEE	II Primarily For List names of	med Committee officeholder(s)	(See definition or or candidate(s) fo	n reverse.) or which	
Loci Fire fighters PAC	NAME OF CANDIDATE	(s) OR OFFICEHOLDER(s)	OFFICE SOUGHT OR HELD	CHECK ONE	
POBOX 1841 96-24 STATE ZIP CODE AREA CODE/DAYTIME PHONE	·		•		
LOCU CA 95240 209 388	9090				
FUAN LUKE PERMANENT ADDRESS OF TREASURER (NO. AND STREET)					
CITY STATE ZIP CODE ANEA CODE/DAYTIME PHONE LOCLI CA 95241 209 348-589					
(Check Boxes) See definitions and important information on reverse.	<u></u>				
Is this a sponsored committee?				<u> </u>	
Is this a broad based political committee? Yes 🕟 No	Attach additional infor	mation on appropr	iately labeled continu	iation sheets.	
III Verification					
I have used all reasonable diligence in preparing this statement. I have revie herein and in the attached schedules is true and complete. I certify under pe and correct.					
Executed on 1-29-99 At Coch CH CITY AND STATE	By	SIGNATURE OF T	REASURER		
Executed on At At	By	SHATURE OF RESPONSIBLE OFFE	CER OF SPONSON, IF REQUIRED		

Recipient Committee Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

· ·	to whole dollars.	from 7-1-98	1994 годы 420
SEE INSTRUCTIONS ON REVERSE		through 12-31-98	Page Z of Y
NAME OF COMMITTEE LOCK FIRE FIGHTERS PAC			1.D. NUMBER 94-2479
Contributions Received (Column A TOTAL 1HIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary ContributionsSchedule A, Line 32. Loans ReceivedSchedule B, Line 7		\$	\$
3. SUBTOTAL CASH CONTRIBUTIONS	,	s	\$
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	s	s	\$
Expenditures Made 8. Cash Payments (Other than Loans Made) Schedule E, Line 5 9. Loans Made	, 191.02	, 90.30	: 281.32
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	101.00	s 90.30	s 281. 32 s 7.81: 32
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 Current Cash Statement 13. Beginning Cash Balance Previous Summary Page, Line 17 14. Cash Receipts Column A, Line 3 above	050 FZ	From previous Statement Summa this is the first report filed for the cublank except for Loans Received (LI 6), Loans Made (Line 9), and Accrued	ry Page, Column C. However, if alendar year, Column B should be ne 2), Enforceable Promises (Line
15. Miscellaneous Increases to Cash	s 508.50 ENDING CASH BALAYCE SHOULD NOT BE A NEGATIVE AMOUNT	Summary for Non-Contr Primarily Formed to Sup Candidates in Both June Elections	port or Oppose and November
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$	21. Contributions Received \$	on the same
Cash Equivalents and Outstanding Debts 19. Cash Equivalents	s	22. Expenditures Made s	
20. Outstanding Debts	_	•	

Schedule E	
Payments and Con	tributions
(Other Than Loans)) Made

.rype or print in ink.
Amounts may be rounded to whole dollars.

through 12 31-98 Page 3 of 4

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
LOCI FIRE-FIGHT-US PAC

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY)
 CONTRIBUTIONS TO OTHER CANDIDATES
- AND COMMITTEES

 "I" -- INDEPENDENT EXPENDITURES
- "L" LITERATURE

- "B" BROADCAST ADVERTISING
- "N" NEWSPAPER AND PERIODICAL ADVERTISING
- "O" OUTSIDE ADVERTISING
- "5" SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" FUNDRAISING EVENTS

- "G" GENERAL OPERATIONS AND OVERHEAD
- "T" TRAVEL, ACCOMMODATIONS AND MEALS
 - (MUST BE DESCRIBED)

IMPORTANT. DO NOT ITEMIZE THE PAYMENT OF ACCRIFIC EXPENSES ON SCHEDINGE

"P" — PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PATEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD.	REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.				
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	·	AMOUNT PAID
Best western	土	Rented	Room? to inte lutes	rview	80 00
Ron Heberle 1440 Iris	6				3546
Loui CA 95242					
Ron Heberle		copies	>		60.32
(odi CA 95242		<u> </u>			:
Important: Contributions and expenditures made out of campaign funds to or on behalf of officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page. SUBTOTAL \$					
Payments and Contributions Made Summary					
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)					<u> </u>
2. Payments made this period of under \$100. (Do not itemize.)					191.02
3. Total interest paid this period on outstanding loans. (Enter amount from	Schedule	B, Part II, Column	(d).)	\$	6
4. Total accrued expenses paid this period. (Do not itemize. Enter amount it	from Sche	dule F, Line 4.) .		\$_	<u> </u>
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here an	d on the S	Summary Page, Co	lumn A, Line B.)	TOTAL \$	191.02

Schedule E (Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (cont.)

Statement covers period from 1-1-98	23.13.00 place 41.2(0)
through 12-31-98	Page 3 4 of 4
	1.D. NUMBER 96-75179

SEE INSTRUCTIONS ON REVERSE NAME OF COMMITTEE

CODES FOR CLASSIFYING EXPENDITURES

"C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES

"I" -- INDEPENDENT EXPENDITURES

"L" - LITERATURE

*B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING "5" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD

"T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

SUBTOTAL \$

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ron Heberle 1440 Ilis	3	Precinct	maps (Reimb.)	15 36
Lodi CA 95242				
				1
				1 20